to which questions of ethics and remuneration might be referred for discussion and possible solution; another for social and civic betterment; which might be empowered to investigate, report, and act on matters that should interest our profession; such perhaps as the nursing care given our dependent population in public institutions; economic and industrial conditions that keep the state mortality record high among infants and young children, working time lost to employers and employes that might be saved by welfare nurses in our large manufacturing plants, the need for more play grounds and recreation centres in densely populated districts; how to reach ignorant housekeepers whose unwise selection of food and poor cooking keep their families always poorly nourished and the easy prey of intemperance and disease; another devoted to the social interests of this body which should arrange occasional meetings for social purposes chiefly, that newer and younger members could meet and know the older; and all the sections should have an opportunity for informal interchange of thought and experiences.

Our annual meetings should be enthusiastic gatherings with reports from the various sections, showing what has been accomplished along the lines attempted, thus stimulating inspiration for wider fields of service.

The future of this organization which was incorporated seven years ago for "the purpose of elevating and maintaining the standard of qualifications for graduate nurses, of securing their registration by the State; of advancing the interests of the nursing profession; of establishing cordial relations between this and other states, and of promoting the professional success of the members of the association" depends upon you, individually. As is your enthusiasm and sense of personal responsibility, so shall be the subsequent expansion and influence of the Rhode Island Association of Graduate Nurses.

THE VALLEY OF THE SHADOW

By HARRIET CAMP LOUNSBERY

I SUPPOSE that no nurse deliberately chooses to go to an incurable case, yet most of us who have done private nursing have found ourselves at some time caring for one, who slowly and painfully creeps nearer day by day to the great end. We have gone, perhaps, to stay a few weeks, for some acute disease, but symptoms have changed, and instead of recovery a long, slow decline is to be faced. The nurse feeling she

is needed decides to stay and do what she can for the poor failing body, and so the weeks drag on, in the dreadful monotony of that one sick-room, until she feels that she has been left out of the real nursing world, that she is stranded with her patient upon an island of pain,—that there is no outlook but the one dread Valley, no moving object but the river of Death, and no hope for the life she is guarding. Each week she grows more and more rusty as to her hardly-won surgical technic, more out of touch with those who come and go to one patient after the other, and who not unnaturally count upon so many victories over the very enemy who she knows will overcome the life she is fighting to save. She realizes that all her care will never bring victory, all her skill can but help to smooth the rugged pathway, which the feet must tread alone.

The endless repetition of the same symptoms is wearying, the only possible variation being some new pain which indicates another stage in the development of the disease; an improvement hardly cheers her, as she knows it is but temporary, and may be followed by an exacerbation of the trouble. Often the actual nursing calls but for a portion of the day, but that portion is so necessary that the nurse's presence is imperatively demanded. The remainder of the time little is to be done, except perhaps a guard maintained over the failing strength, a watch kept for the untoward accident that might snap the frail thread that binds the spirit still to earth. Probably the bedroom must be kept tidy, and the patient's clothing cared for, and the nurse feels she has degenerated into a servant. One who has gone through with an experience like this, and who has courageously remained with her patient to the end, has passed through a training more severe than any she has had in her hospital life, and she has earned a new diploma.

There are some things which the nurse may do to lighten these dark days, some things which may help both herself and her patient, and these I will try to show.

First, it is well to study your case from a pathological view-point. Find out the heredity, the manner of the daily life, the first manifestation of the disease, what circumstances led to it, how it was treated, what success the treatment seemed to have, what symptoms can now be noted, what complications have showed themselves, and their influence on the original disease. A careful history could be written, embracing all of these points, and as new symptoms appear they should be observed and noted. All this should be valuable and should help, some future day, to show some one who has but started on the dreaded pathway how

to avoid what will surely be a fatal disease. Many a valuable paper could be written in the long hours when the nurse feels she is losing her time, if she would intelligently study her case and write the story of the disease, what led to it and how it is being combated.

Perhaps, if it could be arranged, the nurse might be spared part of a day once or twice a week, and she could go to her hospital out-patient department, or to some dispensary and do some work that carries a little feeling of success with it. Work in a babies' milk station or almost any one of the numerous charitable activities would rest and refresh one who has for months been with the same patient.

Second, as a psychological study. We all know we must die. We feel that we talk to people every day who perhaps will not be alive a twelve month hence, but we are not actually certain that ourselves or any of our friends will so soon be dead, and we habitually act and speak as if we all were to live on indefinitely. So to be closely associated with some one who, we know, is drawing closer and closer to the life beyond the grave is a very solemn thing. Whether the sick one knows it or not the nurse knows it, and such an one must be viewed with peculiar interest. She is so near to knowing the great Mystery. She will so soon see those who have gone before. The present helplessness will so marvellously become Life Everlasting. It seems as the End comes nearer and yet more near, as if perhaps one could send a message to some of our own loved ones gone on before. "If you see some of my dear ones, on that other Shore, bear them a loving greeting from me, tell them I am trying to live as they would have me live." Such a thought trembles on the tongue, so near does the unseen seem to come to us.

In the face of these things, how small do the thoughts of our own dignity seem. It is all *service,* and service is what we were made for. "I pass this way but once, if therefore there is *any* service I can perform for my fellow man, let me do it now, for I shall not pass this way again." This quotation is familiar to all, and especially does it come to mind when we minister to those who are to die. When they are gone there will be no bringing them back to explain duties slighted or left undone. "We pass this way but once."

Third, from a religious point of view. It is quite impossible to say what, exactly, is the nurse's duty as regards the religious side of her ministration, though the wish to help must be often in the mind of every thoughtful nurse who has charge of an incurable case. The patient may not know her condition, and the doctor may not wish her to be

told; then of course the nurse's lips must be sealed as to any allusion to the dread truth. The religious views of the patient and her friends may be different from anything that the nurse knows; or perhaps the family pastor comes frequently and instructs and comforts the sick one and the family.

A patient will sometimes *ask* for the reading of some portion of the Bible, and unless the part is specified the nurse may be at a loss just where to turn. Some parts of the Scriptures are so generally known and accepted that they can hardly fail to give hope and comfort no matter what the religious teaching may have been heretofore. I will suggest them *in case* readings are asked for.

The Psalms are full of beautiful, comforting thoughts and prayers. The Twenty-third has helped many a poor soul about to take its last journey. The Thirty-seventh, which begins "Fret not thyself," shows that those are truly blessed who trust in the Lord. The Fifty-first, "Have mercy upon me O Lord," teaches repentance; the Forty-second, "As the heart pants after the water brooks, so longeth my soul for thee O God," shows the longing of the soul for God. In the New Testament, the fourteenth chapter of St. John's Gospel is a universal favorite on account of its comforting thoughts—"In my Father's house are many mansions." In St. Luke's Gospel, chapter xv, verse 2, we have the parable of the Prodigal Son, to show how complete and perfect is God's love and his forgiveness when sin is forsaken. In First Corinthians, fifteenth chapter, from verse 20, we have a masterly argument for the resurrection from the dead and a life beyond the grave. In Revelation, fourteenth chapter, thirteenth verse, is a very comforting thought for those who have led a strenuous life, and are in much suffering.

These few references will help, I hope, if any nurse is called upon to read the Bible, and she feels a little nonplussed as to exactly where to turn. There are of course innumerable passages besides these that could be found by the aid of a concordance, and which it would be wise to note on a slip of paper, ready for any call. Sometimes a patient will ask for a prayer, and it is not often that a nurse would feel competent to kneel down by the bedside and make an acceptable, extemporaneous prayer, so I would suggest buying a volume of "Prayers for the Sick." Very tiny, dainty, little books can be purchased at the church bookstores, full of these prayers. In the Episcopal Book of Common Prayer are many helpful prayers. The sentences, collect, and the whole of the Easter services are radiant with the truths of the Resurrection, and the Easter hymns are tuned to the same inspiring theme.

This last thought I leave with you. What more helpful consideration

can come to a weary nurse than that the sick one to whom she has ministered for so many weeks or months should at last, on entering in to the Life Eternal, lay before the Lord of Glory the name of the one who was with her, who helped her, who cared for her, and who was faithful to her trust until the end.

SUGGESTIONS ON THE SERVING OF FOOD TO INVALIDS.

BY CELIA K. IRWELL
Buffalo, N. Y.

It would be an advantage if every trained nurse were skilled in the preparation of a variety of tempting dishes for her patients, so that when there is no other person to superintend this important duty, the nurse can direct how the cooking should be done, or, in an emergency, can do it herself. During convalescence the patient's diet does not always receive as much attention as is desirable, and chronic invalids often complain of the monotonous character of their meals.

The physician's instructions concerning diet must, of course, be carried out to the letter. If he orders liquid food only, this should be given with all possible variety—at all events, absolute monotony should be avoided. Soup may be thickened in different ways, one day with arrowroot, another with lentil flower, or crushed tapioca. If eggs are allowed, a beaten egg may be added to chicken or veal broth.

When farinaceous food is not forbidden, there can be no possible excuse for monotony in the invalid's diet, yet, only too often, the same kind of preparation appears meal after meal for days. Old-fashioned oatmeal may occasionally be used for a change, if the patient can digest it. In a carbohydrate diet, it is a great mistake to sweeten all foods. Even pepper and salt are at times a welcome change from sugar.

Food for sick persons should be served in small quantity, and its appearance should be as appetizing as it can be made. It should be served when cooked, and should never be allowed to stand, or it is sure to lose its freshness and fail to tempt the appetite. The serving should never be left to an inexperienced or careless person. As a general rule, the same dish should not be served upon two consecutive days.

Vegetables should never be given to any sick person without the physician's consent. Twice-cooked beef, lamb or mutton is objectionable. Oysters are more digestible raw than cooked. Cheese and all fried